

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 21, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 97110, 97122, 97250, 97265, 99213-MP, 97750-MT, 99213, and 97750-FC for dates of service 5/31/02 through 7/3/02.

## **II. RATIONALE**

Neither party submitted EOB's for dates of service 5/31/02 through 6/5/02, 6/26/02, and 7/3/02; therefore these dates of service will be reviewed according to Texas Workers' Compensation Commission (TWCC) Rules and the 1996 Medical Fee Guideline (MFG).

The insurance carrier denied a portion of the treatment for date of service 6/25/02 as "R – Information received from the adjuster does not indicate that the condition/diagnosis is related to the compensable injury..." A review of the TWCC-21 submitted on May 31, 2002 shows the carrier accepting the injury to the lumbar and disputing the extent of injury to the thoracic, foot, leg, ankle and knee; a review of the SOAP notes reveals treatment to the lumbar area. Therefore this date of service will be review according to the TWCC Rules and 1996 MFG.

- CPT code 97110 for dates of service 5/31/02 through 6/5/02 and 6/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes support the utilization of a one-to-one setting; however, the requestor did not identify the severity of the injury to warrant one-to-one therapy. Additional reimbursement not recommended.
- CPT code 97110 for date of service 6/25/02 denied as "N – Please submit SOAP notes or equivalent that identify the specific therapeutic activities provided". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes indicate the claimant performed Stretching Exercises, "Exercise Pro" and Strength Exercises identifying the therapeutic activities, the SOAP notes also support the utilization of a one-to-one setting; however, the requestor did not identify the severity of the injury to warrant one-to-one therapy. Additional reimbursement not recommended.
- CPT code 97122 for dates of service 5/31/02 through 6/4/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support delivery of service. Reimbursement in the amount of \$175.00 (\$35.00 x 5) is recommended.
- CPT code 97122 for date f service 6/17/02 denied as "F – Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) manual traction is one of the procedures used in a physical medicine session and is not consider global. SOAP notes support delivery of services. Reimbursement in the amount of \$35.00 is recommended.

- CPT code 97122 for date of service 6/25/02 reimbursement of half of the Fee amount and denied as “H – Reimbursement is based upon half of the fee amount pending decision of audit or review”. Respondent did not submit pertinent information supporting they have audited or reviewed the charges. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) manual traction is one of the procedures used in a physical medicine session. SOAP notes support delivery of service. Reimbursement in the amount of \$17.50 (\$35.00 - \$17.50) is recommended.
- CPT code 97250 for dates of service 05/31/02 through 6/5/02 and 6/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) the SOAP notes support services were rendered as billed. Reimbursement in the amount of \$215.00 (\$43.00 x 5) is recommended.
- CPT code 97250 for date of service 6/25/02 denied as “R”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes document the treatment was provided to the compensable body area. Reimbursement in the amount of \$43.00 is recommended.
- CPT code 97265 for dates of service 05/31/02 through 6/5/02 and 6/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) the SOAP notes support services were rendered as billed. Reimbursement in the amount of \$215.00 (\$43.00 x 5) is recommended.
- CPT code 97265 for date of service 6/17/02 denied as “F – Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) joint mobilization is not considered a global to the primary procedure billed. SOAP notes support delivery of service. Reimbursement in the amount of \$43.00 is recommended.
- CPT code 97265 for date of service 6/25/02 denied as “R”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes document the treatment was provided to the compensable body area. Reimbursement in the amount of \$43.00 is recommended.
- CPT code 99213-MP for dates of service 5/31/02 through 6/3/02 and 6/5/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(b) SOAP notes support delivery of service. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.
- CPT code 99213 for dates of service 6/4/02 and 6/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) which states in part that... “If treatment is to be continued, re-examination by the treating doctor shall occur at least monthly”. SOAP notes support delivery of service. Per the Fee Guideline rule cited reimbursement in the amount of \$48.00 is recommended.
- CPT code 99213 for date of service 6/25/02 denied as “R”. One of the diagnosis codes documented at the office visit was 847.2 – lumbar sprain. Per the 1996 Medical Fee Guideline, Medicine Ground Rule Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) which states in part that... “If treatment is to be continued, re-examination by the treating doctor shall occur at least monthly”. Reimbursement is not recommended.

- CPT code 97750-MT for date of service 6/4/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(3) muscle testing report supports delivery of service. Reimbursement in the amount of \$86.00 (\$43.00 x 2) is recommended.
- CPT code 95851 for date of service 6/25/02 reimbursement of half of the Fee amount and denied as “H – Reimbursement is based upon half of the fee amount pending decision of audit or review”. Respondent did not submit pertinent information supporting they have audited or reviewed the charges. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(4) range of motion report supports delivery of service. Reimbursement in the amount of \$17.00 (\$36.00 - \$19.00) is recommended.
- CPT code 97750-FC for date of service 7/3/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2) FCE report supports delivery of service. Requestor billed for 4 hours; reimbursement in the amount of \$400.00 is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) in the amount of \$1,481.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,481.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 29th day of January 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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